

Form CPF M 102: Campaign Finance Report Municipal Form

CITY OF CAMBRIDGE ELECTION COMMISSION Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Jan	vary 1,2012 Ending Date: December 31 2012			
Type of Report: (Check one)	,			
8th day preceding preliminary 8th day preceding election	30 day after election vear-end report dissolution			
Alice Turkel	Alice turked for Cambridge School Committee			
Candidate Full Name (if applicable)	Committee Name			
School Committee Cambridge MA	Jean L. Cummings			
Office Sought and District	Name of Committee Treasurer			
12 Upton St Cambridge MA 02139	12 Upton St. Cambridge MA 02139 Transcriptor Committee Mailing Address			
Residential Address	11 \(\mathreal \) \(\lambda \) \(\lambda \) \(\lambda \)			
Telephone Number (optional): 617-491-8436	Telephone Number (optional): 617-661-178			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	1,438.57			
Line 2: Total receipts this period (page 3, line 11)	-85.00			
Line 3: Subtotal (line 1 plus line 2)				
Line 4: Total expenditures this period (page 5, line	e 14)			
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (pa	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)	5,097.94			
Line 8: Name of bank(s) used:	BANK			
Affidavit of Committee Treasurer:				
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Date: 1/2/13				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Usu Z Lunk	, , , , , , , , , , , , , , , , , , ,			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

eport all receipts. Please include your committee name and a page number on each page.)					
	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
Chorage p CHEC	5 Elizabeth Clagett-Borne Jonathan Good Vogel-Borne 7 Pleasant St Caubage 02139	-50.80			
Uncleared Check from 12 2011	Joan Karp Douglas Hayden 163 River St Cambridge Mr 0139	-35.00			
		-			
Line 9: Total Reco	eipts over \$50 (or listed above)	€ 6990			
Line 10: Total Receipts \$50 and under* (not listed above)					
1	RECEIPTS IN THE PERIOD	-85.00	Enter on page 1, line 2		

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
130/12 - 12/30/12 MONTHLY	CITIZENS BANK	6 JFK St Cambridge MM 02138	Ascepunt Bank Fees	119.88
				State State of the State of the
		·		
Line 12: Total Expenditures over \$50 (or listed above)		119-88		
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures no			119.88	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	·			
		·		
contributes more tha	ibution is received from a person who n \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	
the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

during this reporting period.				
Date Incurred	To Whom Due	Address	Purpose	Amount
1/2/12- 12/2/12 MONTHLY	CONTRACT TURKEL	12 lipton St Cambridge NA 02139	Pasonal luan to Constant Contact for online billing acount	382.56
1/1/12	ALICE TVRKEL	12 Uphon St Cambridge NVA 02139	ongara personal Ioan	4715.38
		·		
				·
	·			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				5,9794